

## TITLE IV-E APPLICATION PRE-SCREEN

CHILD'S NAME:	DATE OF REMOVAL:	CASEWORKER PID#:	DATE OF BIRTH:
CITY AND STATE OF BIRTH:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	

ETHNIC BACKGROUND:

☐ White    ☐ Black    ☐ Hispanic    ☐ Asian    ☐ Other

	YES	NO
1. Is the child a U.S. citizen or a Legal Permanent Resident?.	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the child living with a parent or specified relative at the time of removal, or was the child living with a parent or relative with managing conservatorship of the child at some time during the six months immediately preceding the initial order of removal? If yes, indicate their name and relationship below:	<input type="checkbox"/>	<input type="checkbox"/>
Name: Relationship: DOB:		
3. Did Parental Deprivation exist at the time of removal based on one of the following ( <i>check one</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death or absence of parent(s) <input type="checkbox"/> Incapacity/disability of a parent <input type="checkbox"/> Primary Wage Earner (PWE) Underemployment based upon: <input type="checkbox"/> PWE unemployed during the entire month of removal, or <input type="checkbox"/> PWE worked less than 100 hours a month on average (average last three months), or <input type="checkbox"/> PWE monthly gross income is equal to or less than the income limit on the Income Guidelines for Underemployed Parent on the Underemployed Parent Checklist, (TJPC-FED-05-04).  <u>PWE monthly gross income:</u>  <u>Name of PWE:</u>  <u>Relationship to child:</u>		
4. Is the certified group's countable income less than or equal to the AFDC income limit for the household size on the AFDC Income Limits Chart?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the certified group's resources under the \$10,000 limit?	<input type="checkbox"/>	<input type="checkbox"/>
THE FOLLOWING SOURCE(S) WAS/WERE USED TO GATHER THIS INFORMATION:		
6. Does the initial order of removal contain the "Best Interest" language?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the "Reasonable Efforts" finding made within 60 days of the initial order of removal?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do the court orders document that the county has "responsibility for care and placement" of the child?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the child be placed in a IV-E eligible placement?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does this child meet all the above listed IV-E eligibility criteria (are all answers "yes")?	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*\*NOTE: If the answers to any of the questions above were “No”, the child is NOT eligible for Title IV-E\*\*\***

**If the child is not eligible for Title IV-E, YOU SHOULD NOT SUBMIT A FOSTER CARE ASSISTANCE APPLICATION.**

Name:

Date: